|   |  |           |                                 |                           |        |  |                  |             | . ·            | HH                     |            |                |                        |
|---|--|-----------|---------------------------------|---------------------------|--------|--|------------------|-------------|----------------|------------------------|------------|----------------|------------------------|
|   | PATENT   |           |                                 | <b>N FEE D</b><br>e Decem | •      |  | ON RECO          | RD          |                | pplication             | _          | ocket Num      | nber                   |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |           |                                 |                           |        |  | SM/<br>TY        |             | ENTITY         | OR                     | OTHER      |                |                        |
| FC  | PR   |           | NUMBER FILED                    |                           |        | NUMBER EXTRA                               |                  | RA          |                | FEE                    | ]          | RATE           | FEE                    |
| BASIC FEE   |  |           |                                 |                           |        | · · · ·                                    |                  |             | 345.00         | OR                     |            | 690.00         |                        |
| TOTAL CLAIMS  |  |           | 30 minus 20                     |                           |        | D= * (C)                                   |                  | X\$         | 9=             |                        | OR         | X\$18=         | 180î -                 |
| INDEPENDENT CLAIMS  |  |           | minus 3 =                       |                           |        | . 4  | X3:              | <del></del> |                | OR                     | X78=       | 317-           |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |           |                                 |                           |        |  | +13              | 0=          |                | OR                     | +260=      | <i></i>        |                        |
| * If  | the difference                                 | in colu   | ımn 1 is                        | less than ze              | ero, e | enter "0" in c                             | olumn 2          | TO1         |                |                        | OR         | TOTAL          | 1182-                  |
|   | · C  |           | S AS A<br>umn 1)                | MENDE                     |        | PART II<br>Column 2)                       | (Column 3)       | SMA         | \LL            | ENTITY                 | OR         | OTHER<br>SMALL |                        |
| AMENDMENT A   |  | REM<br>Af | AIMS<br>AINING<br>TER<br>IDMENT |                           | PI     | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RAT         | E              | ADDI-<br>TIONAL<br>FEE |            | RATE           | ADDI-<br>TIONAL<br>FEE |
|   | Total  |           |                                 | Minus                     | **     |  | =                | X\$ :       | <del>9</del> = |                        | OR         | X\$18=         |                        |
| AME   | independent                                    | *         |                                 | Minus                     | **     | <u></u>                                    | =                | X39         | )=             |                        | OR         | X78=           | · · · · ·              |
|   | FIRST PRESE                                    | NTATIO    | ON OF MU                        | JLTIPLE DEI               | PENI   | DENT CLAIM                                 |                  | +130        | )=             |                        | OR         | +260=          |                        |
|   |  |           |                                 |                           |        |  |                  | TC          | TAL            |                        |            | TOTAL          |                        |
|   |  | (Col      | umn 1)                          |                           | (0     | Column 2)                                  | (Column 3)       | ADDIT.      | ree i          |                        | , ,        | ADDIT. FEE     |                        |
| AMENDMENT B   |  | REM<br>Af | AIMS<br>AINING<br>TER<br>IDMENT |                           | PF     | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE        |                | ADDI-<br>TIONAL<br>FEE |            | RATE           | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •         |                                 | Minus                     | **     |  | =                | X\$ 9       | )=             |                        | OR         | X\$18=         |                        |
|   | Independent                                    | *         |                                 | Minus ***                 |        | <u></u>                                    |                  | X39         | =              |                        | OR         | X78=           |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |           |                                 |                           |        |  |                  |             | )=             |                        | OR         | +260=          |                        |
|   |  |           |                                 |                           |        |  |                  | TO          | TAL            |                        | _ <b>.</b> | TOTAL          |                        |
|   |  | _(Coli    | umn 1)                          |                           | (0     | Column 2)                                  | (Column 3)       | ADDIT.      |                |                        | ,          | ADDIT. FEE     |                        |
| AMENDMENT C   | REM<br>Al                                      |           | AIMS<br>AINING<br>TER<br>IDMENT |                           | PF     | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RAT         | E              | ADDI-<br>TIONAL<br>FEE |            | RATE           | ADDI-<br>TIONAL<br>FEE |
|   | Total  | ٠         |                                 | Minus                     | ••     |  | =                | X\$ 9       | =              |                        | OR         | X\$18=         |                        |
|   | Independent +                                  |           | Minus ** ON OF MULTIPLE DEPEN   |                           | ***    |  | =                | X39         | =              |                        | OR         | X78=           |                        |
|   | HIRST PRESE                                    | NTATIC    | ON OF MU                        | ILTIPLE DEI               | ENC    | DENT CLAIM                                 |                  | +130        | _              |                        |            | +260=          |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |           |                                 |                           |        |  |                  |             | )=<br>TAL      |                        | OR         | +260=          |                        |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found |  |           |                                 |                           |        |  |                  | ADDIT. I    | EE             |                        |            | ADDIT. FEE     |                        |

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

| APPLICATION NUMBER: | 09/6/8079 |
|---------------------|-----------|
|---------------------|-----------|

Total For Calculation

|  | For Cart                   | Farat<br>aspane | ិមា ជាមក<br>គឺសភា - ១ | . <i>6</i> | F                       | · Turn                     |
|--|----------------------------|-----------------|-----------------------|------------|-------------------------|----------------------------|
| Bulk Film; Fee Foral (Claims > 2) Independent Claim; > ) Note One Claim Present Seethurgs English Trustation |                            | 30<br>7         | 10                    | 3 A Easter | 18.00<br>18.00<br>18.00 | 180.00<br>312.00<br>130.00 |
| Forsidus upon filmy th   | Fte)ar                     | 121             |                       |            |                         | B312.0                     |
| Total Filing Fees Oue : Less Filing Fees Submit BALANCE DUE  | ,                          | 1 3/2           | 2.00                  |            | -                       | <u>.</u>                   |
| There  | Manuscion (September 1987) | 1 igo           | we 7                  |            |                         |                            |

FORM OIPE-RAM-91 (Rev. 1297)